

SECTION 10.20 EXIT INFORMATION QUESTIONNAIRE – PART I
Last Update: 10/03

Name _____ **Department** _____
Division _____ **Bureau/Section** _____
Date of Employment _____ **Date of Separation** _____

To help us improve the quality of the department's services and to improve employee job satisfaction and working conditions, we would like you to complete this questionnaire. Your candid remarks will be most helpful to us. Responses will be shared only with the Director – unless you request otherwise.

Please return this questionnaire to _____ by _____. You will be contacted within the next few days to discuss this questionnaire and to give you the opportunity to make additional comments if you wish to do so. A follow-up questionnaire will be mailed to you in approximately 30 days if you prefer to make comments then.

Please provide to us, in writing, any positive or negative information regarding specific work situations or conditions. These will be thoroughly reviewed and appropriate action will be taken.

(If more room is needed, use space on the back or attach additional sheets as necessary)

1. Do you have another job? Yes ☐ No ☐

If so, where? _____

2. Why did you decide to seek other employment?

3. Were you given complete and accurate information regarding job duties prior to your acceptance of your job with this department? Yes ☐ No ☐ Explain:

4. Were you provided the necessary orientation and training to successfully carry out your job duties here? Yes ☐ No ☐ Explain:

5. Do you feel supervision given you was effective and impartial? Yes ☐ No ☐ Explain:

6. What did you find to be most enjoyable about your job?

7. What did you like the least or find most frustrating about your job?

8. Were your working conditions satisfactory? Yes ☐ No ☐ Explain:

9. Would you like a copy of this given to your former supervisor? Yes ☐ No ☐

10. Additional Comments:

Signature

Date

SECTION 10.20 EXIT INFORMATION QUESTIONNAIRE – PART II
Last Update: 10/03

Name _____ **Department** _____

Now that you have been away from the Department for approximately a month, we would like you to complete this follow-up questionnaire. This will help us improve the quality of the Department's services and to improve employee job satisfaction and working conditions. Responses will be shared only with the Director – unless you request otherwise.

Please return this questionnaire in the enclosed envelope. Thank you.

(If more room is needed, use space on the back or attach additional sheets as necessary.)

1. How would you rate the following items?

| | very good | good | fair | poor |
|--|--------------|-------|-------|-------|
| a. cooperation within your former work unit | _____ | _____ | _____ | _____ |
| b. cooperation with other work units | _____ | _____ | _____ | _____ |
| c. communication with employees at all levels regarding department policies, procedures, work rules, etc. | _____ | _____ | _____ | _____ |
| d. opportunities for advancement | _____ | _____ | _____ | _____ |
| e. department management | _____ | _____ | _____ | _____ |
| f. usefulness of performance reviews in developing your job skills | _____ | _____ | _____ | _____ |
| g. pay for your job | _____ | _____ | _____ | _____ |
| h. paid holidays | _____ | _____ | _____ | _____ |
| i. paid vacation | _____ | _____ | _____ | _____ |
| j. paid sick leave | _____ | _____ | _____ | _____ |
| k. retirement plan | _____ | _____ | _____ | _____ |
| l. health insurance | _____ | _____ | _____ | _____ |
| m. dental insurance | _____ | _____ | _____ | _____ |
| n. Insurance | _____ | _____ | _____ | _____ |
| o. disability insurance | _____ | _____ | _____ | _____ |

Additional Comments:

2. How would you rate your former supervisor in the following areas?

| | usually | sometimes | never |
|---|---------|-----------|-------|
| a. demonstrated fair treatment | _____ | _____ | _____ |
| b. showed concern for you as a person and as an employee | _____ | _____ | _____ |
| c. provided recognition for accomplishments | _____ | _____ | _____ |
| d. developed cooperation among employees | _____ | _____ | _____ |
| e. tried to resolve complaints and problems | _____ | _____ | _____ |
| f. enforced established policies and practices | _____ | _____ | _____ |
| g. personally followed established policies and practices | _____ | _____ | _____ |

Additional Comments:

3. What changes would have made your job more desirable?

4. What changes would have improved the operation of your work unit?

5. Would you consider reemployment with the Department? Yes ☐ No ☐ If no, why not?

6. There may have been other factors that influenced your decision to leave the Department that you were reluctant to tell us about. If you would like to, this is another opportunity for you to share that information:

7. Additional comments about your former job or work unit or about the Department in general:

8. Would you like a copy of this given to your former supervisor? Yes ☐ No ☐

Signature

Date